

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Phoenix Area Indian Health Service

Office of Human Resources, Two Renaissance Square

40 North Central Avenue, Suite 510, Phoenix, AZ 85004-4424

*Preference in filling vacancies is given to qualified Native American Indian Candidates or Alaska Natives in accordance with the INDIAN PREFERENCE ACT, TITLE 25, US CODE, SECTION 472 & 473. In other than the above, the Indian Health Service is an Equal Opportunity Employer.*

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**DIRECT HIRE AUTHORITY VACANCY ANNOUNCEMENT**

These positions are being filled through Office of Personnel Management's delegated Direct Hire Authority (DHA). The Direct Hire Authority has been authorized by the Homeland Security Act of 2002 and Part 337, Subpart B, Title 5 of the Code of Federal Regulations (5 CFR). If filled utilizing DHA, the following is applicable: all applicants who meet the basic qualification requirements will be forwarded to the Selecting Official for consideration. The "rule of three," Veteran's preference and traditional rating and ranking of applicants do not apply to the Direct Hire process. Indian Preference does apply.

**\*WHO MAY APPLY:**

Your resume will be included in the inventory of candidates established for consideration for current and/or future job vacancies. You will be considered for those vacancies that match your desired geographic locations, skills, and other job preferences.

This notice is issued under the direct-hire authority to recruit new talent to occupations for which the Department of Health and Human Services has a severe shortage of candidates or a critical hiring need. As such, this notice is targeted to who are **qualified United States citizens and are not current permanent Federal employees, have had previous Federal Service, and USPHS Commissioned Officers**. For those with current civil service status or have reinstatement eligibility, must apply to vacancy announcements posted through the local Human Resources Department and are not eligible for a Direct Hire Authority (DHA) appointment.

Qualified disabled applicants (Rehabilitation Act of 1973) and disabled veterans with 30% or more disability are encouraged to apply. Reasonable accommodations will be made for qualified applicants with disabilities, except when doing so would impose undue hardship on the Indian Health Service.

This position is subject to provisions of the Interagency Career Transition Assistance Plan Program (ICTAP) and Career Transition Assistant Program (CTAP).

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<b>ANNOUNCEMENT NUMBER:</b>	<b>OPENING DATE:</b>	<b>CLOSING DATE:</b>
<b>SWR-DHA-08-05</b>	<b>01/01/2008</b>	<b>12/31/2008</b>

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<b>POSITION TITLE/SERIES/GRADE:</b>	Community Health Nurse, GS-0610-9/11
<b>STARTING SALARY:</b>	GS-09 - \$53,065 per annum GS-11 - \$61,198 per annum
<b>PROMOTION POTENTIAL:</b>	GS-11
<b>TRAVEL:</b>	The Indian Health Service may or may not pay or assume liability for personal travel, moving expenses, or other relocation costs incurred in accepting employment. To be determined on a case-by-case basis.
<b>APPOINTMENT/WORK SCHEDULE:</b>	Positions may be filled as permanent, term, or temporary, with a full-time, part-time, rotational, or intermittent schedule. Positions to be filled as vacancies occur.
<b>AREA OF CONSIDERATION:</b>	All Sources
<b>DUTY LOCATIONS:</b>	Southwest Region Wide: Fort Yuma, Parker, Peach Springs, Phoenix, Polacca, San Carlos, Regional Treatment Center, Sells, San Simon, Salt River, Santa Rosa, Tucson, Whiteriver, Native American Cardiology Program, AZ; Elko, Schurz, NV; and Roosevelt, UT.

\*Positions at our Polacca, AZ facility are only available at the GS-09 level.

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**JOB DESCRIPTION:** Incumbent will provide nursing services to individuals, families and members of groups and organizations throughout a rural or urban area. The community health nurse is a key member of the health team, providing continuity and coordination essential in the delivery of health services at the grass roots of the community. Incumbent will assess the health needs of the patient population served, taking into account the total situation such as: educational level, income level, sanitary practices, and hygiene conditions, psychological adjustment, and resources available. The nurse will interview and observe the patient, family members, and others, observe the environment, and studies the medical diagnosis and treatment plan. Incumbent evaluates these factors as they relate to each other; such assessments often identify health problems in addition to the one being treated, or social or environmental problems. Will take into account the result of individual, family, and group assessments, and also takes into account broader considerations such as: location and availability of services at health care facilities; number and quality of public services available; and character of population. The nurse is responsible for helping the patient and/or family understand the need for medical attention and treatment and for motivating them to accept referral. Such services include administering treatments and medications; directing rehabilitative activities; and counseling and teaching in relation to patient's condition and his ability to care for himself. The community health nurse frequently serves as the health advisor to the family and provides to individuals and families various literature and/or information dealing with subjects related to the particular health problem involved. The work may require extensive driving between communities with vehicle operation ranging from driving in isolated and unimproved roads. Lifting and carrying may be necessary to assist patients and to move and place equipment.

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**CONDITIONS OF EMPLOYMENT:**

1. Selectee(s) are required to be immunized against Measles and Rubella and provide documentation prior to or at the time of their start date. Special consideration may be allowed to individuals who are allergic to a component of the vaccine or are currently pregnant. Selectee must have documented immunity to Rubella and Measles.
  2. Selectee(s) are required to complete Security questionnaire and fingerprint chart for investigative purposes under PL 101-630 Indian Child Protection and Family Violence Prevention Act. Persons, who have been arrested for or charged with a crime involving a child, or violent crime against a person, are not eligible for employment with IHS under PL 101-630.
  3. Selectee(s) are required to complete a "Declaration of Federal Employment – Optional Form 306" to determine your suitability for Federal Employment, and to certify the accuracy of all the information in your application. Persons making false statements in any part of the application may not be hired; or fired after employment starts; or may be fined.
  4. Males born after December 31, 1959 are required to be registered with the Selective Service System in order to be eligible for employment with the Federal Government.
  5. Selectee(s) are required to have a viable bank account at a financial institution for electronic direct deposit of salary payment.
  6. Some service units operate under extended service hours 7 days per week.
  7. The incumbent may be required to travel and must possess a valid driver's license.
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**QUALIFICATION REQUIREMENTS:**

**BASIC REQUIREMENTS:**

**LICENSURE REQUIREMENT:** All applicants for nurse positions must have active, current registration as a professional nurse in a State, District of Columbia, the Commonwealth of Puerto Rico, or territory of the United States.

**EDUCATION:** Applicants for Community Health Nurse positions must have graduated from a baccalaureate or higher degree nursing program which was approved by the legally designated State accrediting agency at the time the program was completed by the applicant.

**ADDITIONAL REQUIREMENTS FOR ALL APPLICANTS:**

In addition to meeting the "Basic Requirement" listed above, applicants must have related specialized experience in the amounts shown below.

GRADE	EDUCATION	OR	SPECIALIZED EXPERIENCE
GS-9:	2 full years of progressively higher level graduate education or a master's degree.	OR	1 year of experience equivalent to at least the GS-7 level.
GS-11:	Completion of all requirements for a doctoral degree (Ph.D. or equivalent) or 3 full years of progressively higher level graduate education	OR	1 year of experience equivalent to at least the GS-9 level.
Equivalent combinations of education and experience are qualifying for which both education and experience are acceptable.			

**Specialized Experience:** Experience that equipped the applicant with the particular knowledge, skills, and abilities to perform successfully the duties of the position, and that is typically in or related to the work of the position to be filled. To be creditable, specialized experience must have been equivalent to at least the next lower grade level in the normal line of progression for the occupation in the organization. Experience such as the community health nurse who provides preventative primary health care and generalized public health nursing services in clinics, homes, and schools and who assists the community in planning and evaluating a local health care delivery system.

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**METHODS OF EVALUATION:** Evaluation is made on the basis of appropriate education, experience, performance appraisals, training, self-development, outside activities and special awards. Experience related to tribal involvement and to Indian community projects will also be evaluated.

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**HOW TO APPLY/REQUIRED FORMS (Incomplete applications will not be considered):**

1. Applicants may use one of the following to apply: (1) OF-612 Optional Application for Federal Employment, **or** (2) Resume (see requirements in **Attachment A**).
2. If claiming Indian Preference, BIA 4432 "Verification of Indian Preference for Employment in BIA and IHS".
3. Copy of current unrestricted Nursing License.
4. Copy of official college transcripts.
5. Completed PL 101-630 Questionnaire (**Child Care Form - form attached**).
6. Completed Selective Service Registration Form (**form attached**).
7. Completed Work Location Availability Form (**form attached**).

**Application and required forms must be identified by this announcement number and submitted to the address below:**

**ATTN: SWR-DHA-08-05  
Office of Human Resources  
Phoenix Area Indian Health Service  
Two Renaissance Square  
40 North Central Avenue, Suite 510  
Phoenix, AZ 85004**

**Phone: (602) 364-5219  
Fax: (602) 364-5176**

Facsimile is acceptable – receiver is not responsible for incomplete submissions. All submitted materials are subject to retention by this office. You should duplicate and retain copies, since requests for copies will not be honored. Additional information regarding Federal job opening can be obtained at [www.opm.gov](http://www.opm.gov), or at USAJOBS [www.usajobs.opm.gov](http://www.usajobs.opm.gov) or check the IHS Website at [www.ihs.gov](http://www.ihs.gov). All documents are subject to the provision of the Privacy Act (PL 93-579) and become the property of Department of Health and Human Services (DHHS).

**Additional selections of candidates may be possible within 90 days from the date the certificate of eligible is issued for this announcement, for filing additional or similar positions.**

Contact Phone Number: Call 602-364-5219 to contact Nurse Recruiter

Date: 01/01/2008

## **ATTACHMENT A**

**Resume Requirements** - Your resume or other application format must contain the following information to allow for qualification determination.

- Identify your application/resume by the announcement number, title and grade(s)
- Full Name (first, middle, last ~ include other names used, i.e., maiden name)
- Mailing Address
- Phone Number where you can be reached
- Email Address (if applicable)
- Social Security Number
- Country of citizenship
- Education: list high school and colleges attended, type of degree (list major) received, date of degrees conferred, and city and state of school.
- Work Experience: (include non-paid work as well as paid)
  - Job Title (if Federal employment, indicate series and grade)
  - Duties and Accomplishments
  - Employer's name and Address
  - Employer's name and phone number
  - Starting and ending dates of employment (month/year)
  - Hours of work per week
  - Salary
  - Indicate if you do not want us to contact your current supervisor (if not specified, it will be assumed that we may do so)
- List job related training (title, year obtained, hours of training)
- Honors or awards received
- License or certificates obtained (submit with application)
- Special accomplishments (i.e., publications, memberships, leadership and community recognition, etc)

Indicate if you do not want your current supervisor contacted for reference purposes.

## **APPLICANT'S STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS**

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If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law {5 U.S.C. 3328} requires that you must be registered with the Selective Service law, unless you meet certain exemptions under Selective Service law. If you are required to register but knowingly and willfully fail to do so, you are ineligible for employment by executive agencies of the Federal Government.

### **CERTIFICATION OF REGISTRATION STATUS**

Check one:

- ☐ I certify I am registered with the Selective Service System.
- ☐ I certify I have been determined by the Selective Service to be exempt from the registration provisions of Selective Service law.
- ☐ I certify I have not registered with the Selective Service System.
- ☐ I certify I have not reached my 18<sup>th</sup> birthday and understand I am required by law to register at that time.

### **NON-REGISTRANTS UNDER AGE 26**

If you are under age 26 and have not registered as required, you should register promptly at a United States Post Office or consular office if you are outside the United States.

### **NON-REGISTRANTS AGE 26 OR OVER**

If you were born in 1960 or later, are 26 years of age or older, and were required to register but did not do so, you can no longer register under Selective Service law. According, you are not eligible for appointment to an executive agency unless you can prove to the Office of Personnel Management (OPM) that your failure to register was neither knowing nor willful. You may request an OPM decision through the agency that was considering you for employment by returning this statement with your written request for an OPM determination together with an explanation and documentation you wish to furnish to prove that your failure to register was neither knowing nor willful.

### **PRIVACY ACT STATEMENT**

Because information on your registration status is essential for determining whether you are in compliance with 5 U.S.C. 3328, failure to provide the information requested by this statement will prevent any further consideration of your application for appointment. This information is subject to verification with the Selective Service System and may be furnished to other Federal agencies for law enforcement or other authorized use in implementing this law.

### **FALSE STATEMENT NOTIFICATION**

A false statement may be grounds for not hiring you, or for firing you if you have already begun work. Also, you may be punished by fine or imprisonment (Section 1001 of title 18, United States Code).

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Legal signature of individual {please use ink}

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Date signed {please use ink}

***Phoenix Area Indian Health Service***  
**Work Location Availability Form**

Name \_\_\_\_\_ Vacancy Announcement # SWR-DHA-08-05

**Check only the locations where you will accept employment.**

**HOSPITALS:**

_____ Parker, AZ	_____ Phoenix Indian Medical Center
_____ Polacca, AZ*	_____ San Carlos, AZ
_____ Schurz, NV	_____ Sells, AZ
_____ Whiteriver, AZ	_____ Yuma, AZ

**CLINICS:**

_____ Peach Springs, AZ	_____ Bylas, AZ
_____ Supai, AZ	_____ Fallon, NV
_____ Reno, NV	_____ Nixon, NV
_____ Elko, NV	_____ Gardnerville, NV (Washoe)
_____ East Ely, NV	_____ Yerington, NV
_____ McDermitt, NV	_____ Regional Treatment Center,
_____ Ft. Duchesne, UT	Sacaton, AZ
_____ Native American Cardiology Program,	_____ Santa Rosa Health Clinic,
Flagstaff, AZ	Tucson Area, AZ
_____ Native American Cardiology Program,	_____ San Xavier Health Center
Tucson, AZ	Tucson Area, AZ
_____ San Simon Health Center,	_____ Sells, AZ
Tucson Area, AZ	
_____ Salt River Clinic	

\*Positions at our Polacca, AZ facility are only available at the GS-09 level.

**Addendum to Declaration for Federal Employment (OF 306)**  
**Indian Health Service**  
**Child Care & Indian Child Care Worker Positions**

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**Item 15a. Agency Specific Questions**

**Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

*(Please print)*

**Job Title in Announcement:** Nurse/Clinical Nurse      **Announcement Number:** SWR-DHA-08-05

Section 231 of the Crime Control Act 1990, Public Law 101-647, requires that employment applications for Federal child care positions contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child and for the disposition of the arrest or charge.

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630, contains a related requirement for positions in the Department of Health and Human Services that involve regular contact with or control over Indian children. The agency must ensure that persons hired for these positions have not been found guilty of or pleaded nolo contendere or guilty to certain crimes.

To assure compliance with the above laws, the following questions are added to the Declaration for Federal Employment:

- 1) Have you ever been arrested for or charged with a crime involving a child? YES \_\_\_\_\_ NO \_\_\_\_\_

*[If YES, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.]*

- 2) Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious or misdemeanor offense under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons; or offenses committed against children? YES \_\_\_\_\_ NO \_\_\_\_\_

*[If YES, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name address of the police department or court involved.]*

I certify that (1) my response to these questions is made under penalty of perjury, which is punishable by fines of up to \$2,000 or 5 years imprisonment, or both; and (2) I have received notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to the Indian Health Service and my right to challenge the accuracy and completeness of any information contained in the report.

\_\_\_\_\_  
**Applicant's Signature (sign in ink)**

\_\_\_\_\_  
**Date**

Public Burden Statement: In accordance with Paperwork Reduction Act (5 CFR 1320.8 (b)(3), a Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Respondents must be informed (on the reporting instrument, in instructions, or in a cover letter) the reasons for which the information will be collected; the way the information will be used to further the proper performance of the functions of the agency; whether responses to the collection of the information are voluntary, required to obtain a benefit (citing authority), or mandatory (citing authority); and the nature and extent of confidentiality to be provided, if any (citing authority). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection information. Send comments regarding the burden estimate or any other aspect of this collection of information to the IHS PRA Information Collection Clearance Staff, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852. ***Please do not send completed data collection instruments to this address.***